



Montgomery County Department of Health and Human Services  
Licensure and Regulatory Services  
255 Rockville Pike, Suite 100, 1<sup>st</sup> Floor, Rockville, Maryland 20850  
Phone: 240-777-3986 Fax: 240-777-3088  
[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**SWIMMING POOL OPERATING PERMIT APPLICATION**  
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

TODAY'S DATE: \_\_\_\_\_

Name of Pool Facility: \_\_\_\_\_

Pool Facility Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax: No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Pool Management Company (if applicable): \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_ Days and Hours of Operation: \_\_\_\_\_

Type of Pool(s) - (Check all that apply):

		Number of Pools				
<input type="checkbox"/>	Inside Main Pool	①	②	③	④	⑤
<input type="checkbox"/>	Outside Main Pool	①	②	③	④	⑤
<input type="checkbox"/>	Training Pool	①	②	③	④	⑤
<input type="checkbox"/>	Diving Pool	①	②	③	④	⑤
<input type="checkbox"/>	Whirlpool	①	②	③	④	⑤
<input type="checkbox"/>	Wading Pool	①	②	③	④	⑤

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Workers' Compensation Insurance Company Name: \_\_\_\_\_ Policy/Binder No.: \_\_\_\_\_

Check here ☐ if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

*If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).*

I hereby certify that the above information is accurate and complete:

Signature of Applicant: \_\_\_\_\_ Printed Name and Title of Applicant: \_\_\_\_\_

**Payment Method: See Fee Schedule or Assessment Fee at: [www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)**

☐ Check ☐ Money Order ☐ Visa ☐ MasterCard **CASH IS NOT ACCEPTED** Amount: \$ \_\_\_\_\_

Credit card payments fax to: 240-777-4531 (confidential fax line).

Credit Cardholder's Name: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

**I agree to pay the indicated total amount according to card issuer agreement:**

Cardholder's Signature: \_\_\_\_\_

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

**OFFICE USE ONLY**

Receipt No: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Approval /Check #: \_\_\_\_\_ Expires: \_\_\_\_\_ Staff Initials: \_\_\_\_\_